ART. III. *Reports of Cases treated in the Baltimore Alms-house Infirmary.* By THOMAS H. WRIGHT, M. D. Physician to the Institution.

THE following communications are simply hospital reports, or a plain record of such cases and results, as seemed of sufficient interest to deserve attention, or were calculated to illustrate some principle, or establish some fact of useful application.

CASE I. *Paralysis. Subluxation and Fracture of one of the Cervical Vertebræ.*—Priscilla Hilton was admitted into the Baltimore Alms-house, November 14th, 1827, with nearly total paralysis of both superior and inferior extremities. The history obtained of the case was as follows:—A week previous to admission, the patient had fallen down a long flight of stairs, striking, as was supposed, on the back of her neck. The accident was not immediately discovered, and the young woman lay for some time insensible. When found by the family, her consciousness had returned, but she was unable to rise, or to use any of her limbs. From that time the paralysis continued, as when admitted in the Alms-house, nearly total.

In connexion with the general paralysis existing when this patient was admitted, there was a tumid tense state of the abdomen, resembling tympanitis. The bowels were torpid, not having acted since the injury, but from medicinal excitement; the flow of urine free, but altogether involuntary; pulse slow and soft, heat natural, respiration unembarrassed, senses perfect, no pain, but tenderness of the abdomen. On examining the neck of the patient, there was some degree of swelling, and great sensibility to pressure. The head was turned and fixed so as to direct the face somewhat to the left side, and all attempts to restore its natural position gave pain, and was resisted by the patient. She preferred being placed on the right side. *Diagnosis.* Subluxation, and probably fracture of the fifth or sixth cervical vertebra.

After this patient had been a day or two in the infirmary, she was observed to sleep naturally for some hours at a time, but was liable to be aroused by spasmodic attacks, and was once or twice affected by convulsive muscular action so violent as to throw her out of bed. She had little appetite, and it was found that efforts to vomit generally ensued a few hours after eating; the egesta commonly green and fœtid. On the third day after her admission the tendency to vomiting became greater; every thing swallowed was soon rejected, and stercoraceous matter in considerable quantity became at last mingled

with other substances thrown off by the stomach. The attempts to procure intestinal evacuations by the usual cathartics, with enemata, having failed, Croton oil was ordered, in combination with tinct. rhei and ol. ricini. ℞. Ol. Croton. gutt. ij.—Tinct. rhei. ʒiv.—Ol. ricini, ℥j. ft. mist.—ʒiij. om. hora donec alvus movetur sumendus. The first dose suppressed the vomiting; the second procured two or three sufficient alvine movements. The vomiting did not again occur, and the tympanitic state of the abdomen relaxed very much. But the patient manifested an increased state of prostration, and notwithstanding the liberal use of cordials, gradually sunk, and expired on the following day, the fourth after admission. The mental functions continued free from disorder to the last moment.

A careful dissection disclosed the following circumstances. The entire cervical, and part of the dorsal spine, was cautiously exposed, and the vertebræ freed from muscular matter. It was then obvious that there existed partial dislocation, with fracture, at the junction of the fifth and sixth cervical vertebræ. The inferior anterior margin of the fifth cervical vertebra projected four or five lines in advance of the margin and body of the sixth vertebra. The ligament of the left transverse process of the fifth vertebra was torn up, the articular surface exposed, and the process itself dislocated, and partially separated from the body of the vertebra by fracture. The whole cervical column, above the point of injury, was turned or twisted from right to left, so as to present the range or line of its spinous processes, considerably to the right of the line of the same processes in the column below. Hence the turn of the head and left aspect of the face, noticed as existing when the patient was admitted. The theca spinalis was surrounded, (the vertebral canal filled,) some distance above and below the point of injury, with semifluid grumous blood. The three lower cervical and first dorsal nerves at their exit between the vertebræ were covered and deeply coloured by the same bloody effusion, and the ligament around the injured articulation stained and blackened by the same matter.

The history of the preceding case, with the facts disclosed by dissection, serves to illustrate some of the doctrines of the nervous functions predicated on physiological anatomy, and concurs with the pathological data inculcated by eminent modern surgeons, in reference to injuries of the spinal column, more especially in regard to injuries of the cervical spine, as determined in their nature and effects by the particular point and location of such injury. In the case above recited, the lesion occurred between the fifth and sixth vertebræ, and voluntary motion was almost wholly extinguished in all the muscles

supplied by nerves communicating with the spinal marrow below the point of injury. But respiration was not seriously impaired, indeed not sensibly embarrassed, because the nerves holding dominion over the more important respiratory apparatus, were not directly involved in the injury, deriving their origin above the seat of lesion. Hence the protraction of life for many days, although the accident was fatal in its nature, chiefly perhaps from its influence upon the gastric and alimentary functions.

There were some peculiarities in the present instance, or a few circumstances not analogous to the phenomena described as usually attendant on cases of similar injury. Some distinguished surgeons mention retention of urine as among the consequences of injury of the dorsal and cervical spine. The opposite state existed in the subject of the preceding account; the urine flowed continually and involuntarily. This incontinence has been found to occur frequently in females under circumstances which usually produce retention of urine in males, a result probably caused by the difference in the relative structure and connexions of the urethra. Surgeons also, (Mr. Cooper and others,) represent involuntary intestinal evacuations as attendant on injuries of the spinal cord. Obstinate constipation, scarcely to be overcome by the most powerful purgatives, attended every period of the case above reported. There existed also in this case more faculty of sensation in the parts below the injury, than is common, according to surgical authorities, in such lesions. The sensibility of some parts, the trunk especially, was preternaturally great, instead of the torpor and insensibility generally described.

Writers on injuries involving the spinal marrow, speak of a considerable degree of tympanitic affection of the abdomen resulting from such violation, attributing the effect to torpor of the gastro-enteritic functions, from defective nervous excitement. Probably, irritation through the ganglionic system of nerves, may be concerned in producing the effect in question. It has been already noticed that the subject of the foregoing history was apparently tympanitic, the abdomen being prominent and tense. The tension lessened a good deal after the full operation of a cathartic, but the enlargement of the abdomen was not sensibly diminished. The continuance of the latter state was explained by dissection. While cutting out the cervical with part of the dorsal spine, it was observed that when the cavity of the thorax was penetrated, a thin serous fluid flowed out of the chest in great quantity, far more than is ever naturally present in that cavity, or accumulated by mere infiltration or transudation after death. On opening the abdomen afterwards, it was found filled with water, con-

taining as much fluid as is usually present in the mature state of abdominal dropsy.

Here then was hydrothorax and ascites apparently produced by injury of the cervical spine, and so rapidly produced as to have been matured in a few days. The effusion would appear to have been strictly the consequence of the spinal injury, because the subject seemed to have been, and reported herself to have been in good health at the time of the accident. How shall this phenomenon be solved. Is it to be considered as the result of the violent shock communicated to the system, embarrassing the natural functions, and determined more particularly on the capillary series of circulation and transmission, or shall it be regarded as the consequence of irritation suddenly devolved on the serous tissues of the abdomen and thorax, analogous to that sub-inflammatory diathesis in those textures, which commonly gives occasion to hydropic effusion?

The abdominal viscera in this subject were generally in a natural state, with the following exception. The coats of the bladder were very much thickened, particularly where the peritoneum is reflected over the fundus vesicæ. Besides the morbid density of the coats and peritoneal covering of the bladder, numerous patches of quite black matter, of considerable surface and thickness, were deposited upon both the bladder and its peritoneal covering; those deposits were of various extent, and appeared of recent formation. Many spots or patches of the same melanose substance, were observed on the colon and mesentery.

Case II. *Rheumatica-Acuta, ulceration, caries, with spontaneous dislocation.*—John Callender, aged fifteen, was admitted into the Baltimore Alms-house, February 3d, 1828, reported to have been sick two weeks. The state of this patient when brought to the Alms-house was as follows. Acute fever, synochus type—pulse 130 to 140—general emaciation—inflammation, pain and swelling of the right thigh, with contraction of the right leg, and incapacity to stand or walk. The swelling of the thigh was greatest about the middle portion of the limb, extending toward the hip, but causing no sensible enlargement around the articulation. The swelling of the thigh was diffused without tension or signs of effusion, and no apparent tendency to suppuration; the temperature of the limb very little raised. Pain in the part was constant, and became extremely acute on slight pressure or movement of the limb. The seat of most severe pain and greatest sensibility was on the internal face of the thigh, over or a little below the insertion of the psoas and iliacus muscles. The preceding statement of the case was obtained from the senior pupil of the

house, by whom the patient was taken in charge, and attended for two weeks previous to the case falling under my notice, having been detained from the institution for that period by sickness. The case was registered inflammatory rheumatism, and under treatment as such, when I resumed my attendance on the wards.

The general features of this case, and the history of the previous state, seemed so decidedly analogous to the usual display of inflammatory rheumatism, that I did not hesitate, after examining the symptoms, and inquiring the manner and circumstances of attack, and previous state of health, to admit the propriety of the classification to which the case was referred, and of the course of treatment pursued. The pain, soreness, and swelling of the thigh continued as when admitted; the sensibility of the part extreme, yet without tension, or other signs of phlegmonoid affection. The leg was much contracted and flexed on the thigh, incapable of extension, and in that bent state the knee lay resting on the opposite limb, from which the patient could not bear it elevated or removed without great pain or complaint, the point of greatest pain still on the interior superior space of the thigh. There was neither obvious intumescence nor peculiar sensibility about the hip; the integument was tense over the lateral and posterior aspect of the joint, which seemed simply a consequence of the position of the thigh and leg across the opposite limb, the patient reclining altogether on the left side. The feverish action had continued without sensible abatement, from the time of admission, the pulse ranging from 130 to 140, contracted, yet firm and somewhat tense; the temperature of the whole body sensibly greater than natural, skin generally dry and harsh, with sometimes partial perspiration of the mucous character, or what is generally termed clammy.

The treatment of the case was conducted on the indications furnished by the constitutional and local circumstances, and corresponded mainly with the temperate antiphlogistic course so much insisted on by Scudamore, and long employed by the profession, in the second stage of inflammatory rheumatism. Blood-letting was now omitted, as incompatible with the exhausted state of the patient and unsuited to the period and character of such excitement, which, after becoming fully established, is almost uniformly unsusceptible of prompt control or suppression by direct or active means of depletion. The least exciting aperient, diaphoretic, and tranquillizing agents were employed in turn according to circumstances, and fomentations applied to the affected limb. Oil, sulphate of magnesia, or the Seidlitz compound, were generally directed as aperients, and a solution

of sub-carbonate of potash, charged with spirit of nitre, wine of ipecacuanha, (or a minute portion of tartar emetic,) and oxymel of colchicum, exhibited at intervals as a diaphoretic, with Dover's powder, (sometimes combined with calomel,) or the black drop, to obviate pain and vigilance at night. The local treatment was chiefly fomentation with a tepid solution of muriate of ammonia, combined with a portion of spirit of camphor, and occasionally a vesicatory was laid about the hip and limb, a little removed from the immediate seat of swelling and sensibility. As a counter agent of fever, the combination of camphor, nitrate of potash, and submurias was found most efficient, and the patient was kept on this course generally for about two weeks, when the feverishness abated so far that medicines were withheld, except as occasionally demanded to regulate the excretions.

By the fifth week after admission into the infirmary, the pain and swelling of the limb, together with the constitutional disorder, had subsided so much that the patient voluntarily left his bed every day, and by the support of crutches walked about the ward. The leg was still contracted, but much more susceptible of voluntary extension, than during the state of pain and fever. The patient's appetite and strength improved, and being an active, sprightly youth, he exerted himself a good deal to bring the limb into use, extending his movements in good weather from the hospital, to the yard appropriated for exercise to convalescents. He had been put, after subsidence of fever, upon use of infusion of cinchona with bitters, and supplied with a stimulant embrocation, which he was directed to employ with diligent friction, about the hip and knee, continuing such exercise as could be taken without pain or fatigue.

The second week after Callender had been discharged from clinical regimen, (between the seventh and eighth after entering the infirmary,) he attracted my attention while passing his bed, on which he had lain down to rest for the moment, by inquiring if something could not be done for the more complete extension of his leg, which remained somewhat contracted. I threw back the bed cover to observe the state of the leg, and was immediately struck with apprehension that there existed an evil in the case, which I had never before suspected; the remarkable relation of the right knee to the left, in the position the young man lay, at once excited my fears that there was serious mischief at the hip. The lad was on his back, with both limbs drawn up, and the patella of the right presented three inches short of the left. Observing that the pelvis was depressed on the left side, I caused that obliquity to be corrected, and finding that the right knee

did not descend to the left by two inches, I expressed to the class, the attending pupils, my conviction that the head of the femur had lost the acetabulum. Passing round the bed to examine the hip, and removing all dress from the part, dislocation was manifest, almost without the proof of touch. The ball of the femur was defined through the thin and tense integument, and could be readily embraced with the point of the fingers. It rested on the dorsum ilii, near the border of the ischiatic notch, and could be raised, or made to move readily to pressure upward and downward.

So unexpected a result, in a case of (supposed) rheumatic arthritis, led me to doubt the accuracy of the diagnosis, in the first instance. It was unsupported by precedent within my knowledge, that rheumatism should destroy the natural relations of a bone so sustained against the influence of muscular contraction, the only power which rheumatism seems competent to employ towards the work of disarticulation. The solid defences of the joint must have been broken down by a process, certainly not common, and perhaps never properly belonging to rheumatic degeneration of structure. The true condition of the parts was readily ascertained, by causing extension of the limb to be made, while the head of the bone was lifted, (by drawing the shaft outwards,) from the dorsum ilii. When the head descended to the level of the socket, and rotation was made, a sensible and even audible crepitation was distinguished. The ligaments and cup of the acetabulum were opened by ulceration and caries, and space had thus been made for the escape of the head of the femur.

It became a question of interest, to learn, if possible, the primary occasion of this sort of mischief, and particular inquiries were instituted anew into the circumstances immediately preceding or first attending the pain, swelling, and disability of the part, with the probable exciting cause of the first demonstration of the local disease. It was minutely investigated whether the hip had been hurt by a fall, by jumping, a strain, blow, &c. on the part. Those questions had been made in a general manner before, and were answered then as now, in the negative. No accident had occurred, nor any injury been sustained, of which the patient was conscious, or which he conjectured to have any influence in producing the affection of the part. His own account in detail was as follows. He had been well and active up to the day he was attacked. On that day he had been left in charge of his master's house, (he was apprenticed,) and was sitting by the stove, attending to the children of the family, when in an instant he was seized by pain, within, or inside the thigh, near the groin, so

acute as to cause him to cry out. He attempted to rise and walk, but found himself unable to stand or move the affected limb; he called the servants to his assistance, and was carried up stairs to bed; fever and swelling of the thigh came on that night, and he remained as described when admitted into the Alms-house. One fact only could be learned, having probable connexion with the onset of disease, within the hip-joint. He mentioned now, for the first time, that two days preceding the attack of pain in the top of the thigh, he had been sent some miles, on an errand requiring despatch, and had rode very hard.

It would perhaps seem to argue inattention to the state of the hip in this case, not to have discovered the nature and extent of an evil so remarkable as disarticulation, until two or three weeks after the mischief had been done. I by no means pretend to shelter myself against the presumption of erroneous diagnosis, or what amounts to the same thing, of an incautious and too general estimate of the circumstances of the case.* But while the patient lay in bed under treatment, (which had been the case two weeks before I saw him,) handling the limb gave exquisite pain, and was on that account very much abstained from. The character and seat of pain and swelling, and the entonic form of fever, seemed to indicate the distinct predominance of rheumatic irritation, and on those prominent features of the case the treatment was regulated. As it regards the single circumstance of the dislocation remaining for a time unsuspected or undiscovered, it may be sufficient to remark, that during treatment of the case, there was neither swelling nor effusion around the hip, those being located in the upper internal portion of the thigh, the affected limb rested on the other, without any manifest disproportion of length, except what position would cause, and it was only after the patient began to move about, and bear a little on the affected limb—in fact, after he had ceased to require or receive particular attention, that the head of the bone left the line of the acetabulum, and moved up on the back of the ileum.

Callender is now, (July,) walking about freely on crutches. The

* It is sufficiently plain on a deliberate retrospect of all the circumstances, that there was enough in the aggregate of symptoms duly weighed, to have suggested some suspicion of the probability or the danger of serious articular disease. But it is always easier to trace the relation of signs and their causes at the close of a case than during the periods of its active progress and undecided result. In diseases of equivocal character and blended symptoms, it must often happen that instructed experience can alone supply a guide to correct discrimination.

head of the bone is very distinctly defined on the dorsum ilii, and has suffered no sensible waste. The ulcerous action seems to have ceased soon after the period of disarticulation; there is no pain or soreness about the hip, and considerable weight can be borne on the affected side without inconvenience. The state of the limb, indeed, is very much that of chronic dislocation of the femur upward and backward, in which the prominent evils are shortening of the member, inversion, and limited range of movement. The leg remains partially contracted. His general health is very much improved; hectic irritation has passed away altogether, and the lad has acquired flesh and strength. He thinks himself able to dispense with crutches, and walk by support of a stick, if inequality in the length of the limbs was obviated by a suitable shoe. But he is not yet permitted to incur the risk of irritation, or of weakening the defence forming around the head of the bone, by pressure on the affected limb in locomotion. The limb has shortened three inches.

Is this case to be regarded as one of those rare instances of rheumatic arthritis, of which some respectable writers admit the possibility; namely, rheumatic inflammation lighted up in the articular textures, and from peculiar intensity, running on to disorganization and waste of both the soft and solid structure of the joint? Mr. Benjamin Bell, Good, and others, recognize a species of rheumatic arthrocace terminating in suppuration, ulceration, and caries. Scudamore also adverts to the occasional, though very unfrequent occurrence of suppuration in rheumatic phlegmasia. The kind and seat of pain, the early contraction of the leg, and the very distinct affection of the fibrous textures of the thigh in the case of Callender, seem explicitly to indicate rheumatic complication; but probably in this case, and in all instances denominated rheumatic white-swelling, the rheumatic symptoms are mere coincidences, not essentials, in the disease; rheumatism and struma often go hand in hand. If we are to regard the case in question as a true coxarius, suddenly developed from irritation, and involving in speedy destruction, the articular cartilages, the spongy fabric of the acetabulum, the synovial membrane, and capsular ligaments; it differs in many respects from the usual display of hip disease. Scrofulous degeneration of joints is commonly a slow process, varied no doubt in this particular, by the nature of the exciting cause, and the local disease is usually associated with other evidences of strumous diathesis, as affections of the spinal column or glandular system. None such were present in the case of Callender, and the general health had been good, yet the group of physical cha-

racters were of that cast, (tall, spare conformation, light hair and eyes, and lively countenance,) among which struma is often latent. Again may we look to simple or common inflammation of the articular cartilages, produced by contusion from the hard ride, for the origin of the disease, and the consequences that ensued? Mr. Brodie found that inflammation of cartilages terminated readily in ulceration, which, if extensive, necessarily caused caries of the subjacent bone, with ulceration of the synovial membrane and capsule, and such ulceration and caries were often extensive, without evidence of suppuration. But Mr. Brodie does not design to separate those forms of articular disease, from the connexion they are supposed, perhaps correctly, by Mr. Hunter and others, to hold with a strumous constitutional taint. I throw out the suggestion merely whether inflammation of cartilages from severe irritation, may go on to ulceration and caries in a habit untouched by struma, or where nothing exists to lay predisposition. Articular ulceration seems to be sometimes partial, and to cease spontaneously, or stop at a point short of serious destruction. A subject was examined last winter, of full stout frame, when upon dividing the capsular ligament of the right hip, the head of the femur rose from the acetabulum, and it was discovered that there was no round ligament. The fossa of implantation was filled up by fibrous matter, and no vestige of the ligament appeared. There were indications of former inflammation, and probably partial ulceration, in the colour and thinness of the central part of the acetabular cartilage.

Some of the circumstances in Callender's case seem worthy of particular notice. First, the fact that the articulation was rapidly breaking up, without any obvious state of the soft parts immediately investing the joint as might indicate the character of injury going on within. There was no discoverable inflammation or effusion of the skin, or under the fascia, over or around the joints; on the contrary, the muscular covering of the articulation was exceedingly attenuated, and the skin contracted very closely about the part. Second. The short time in which the articulation was destroyed, and the bone dislocated: it was five weeks from the day of attack when the pain ceased, and fever subsided; a relief from suffering, owing probably to the giving way about that time of all the connexions which had kept up tension and irritation. Third. That the head of the femur had wasted so little as to preserve its round form, while the deep socket had melted down sufficient to permit it, the head of the bone, to move out through the opening. Fourth. The total absence of symptomatic pain of the knee, so generally characteristic of acute coxalgia.

Case III. *Arthrosia Atonica.*—Elizabeth Henry, aged thirty-five, admitted into the Baltimore Alms-house 1st of May, 1828. She is of middle size, and well-formed, with black hair and eyes, and fair complexion; says she had led an active, temperate life, enjoyed good health, and borne children. When admitted, she could not stand without support, and was unable to walk, from pain in the upper half of the right thigh, and weakness of that limb. The day after admission she had no fever or head-ache, pulse soft, slow, and equal; skin cool, no cough, tongue clean, appetite good, bowels regular, sleep natural, except from occasional spasms of the thigh. Thus the circulating, cerebral, respiratory, digestive, and nervous systems, wholly out of fault. The complaint of the patient was referred by herself entirely to the thigh, and a point in the front middle portion of the limb indicated as the seat of predominant sensibility. The patient stated that she was attacked suddenly, fourteen days before her admission into the Alms-house, by acute pain of the thigh, and from the moment of attack had been unable to walk.

The thigh now exhibited no mark of disease. There was no heat, inflammation, tension, or enlargement; the skin and muscles soft and pliable, and the part not tender to the touch, except pressed toward the centre of the limb, when there was shrinking and complaint. The hip was neither swelled, nor super-sensitive, even to firm pressure, and the whole limb compared with the opposite one, betrayed no visible mark of difference. On my pronouncing the apparent absence of local disease, the patient said the pain was in the bone. I confess frankly that I regarded this poor woman as either ignorantly or wilfully exaggerating a common affair of chronic rheumatism.

The patient had taken some medicine, and the part had been freely blistered, (without relief,) before her admission into the Alms-house. A gum pill, which has produced in the institution much relief from chronic rheumatism, composed of guaiacum, camphor, and hyosciamus, was directed for the patient, with anodyne embrocation of the part. I saw this case every other day for a fortnight, during which time its circumstances did not sensibly alter. The patient continued without general indisposition, preserving a quiet pulse, cool skin, clean tongue, and good appetite, the limb retaining the appearance and state before described: she expressed herself relieved from pain by the pills, and asked to have them renewed when out. On the 16th of May she requested me to look again at her limb, stating that it had been severely painful the night before, and that it was now shorter than the other. The thigh was examined, and exhibited its usual appearance; on comparing the lower extremities, the position of the right leg was

natural, but the bottom of the foot presented on a line with the internal malleolus of the other leg; that is, the right limb appeared about two inches shorter than the left. After every attention to the equipoise of the pelvis, and the full, but easy, extension of the limb, the right foot rested an inch and a half higher than its fellow. The hip was next carefully examined. The dorsum ilii was free, and the head of the femur could not be felt. These circumstances, and the natural position of the limb, established that there was no dislocation. But there might be something as bad, and on gently extending, raising, and rotating the limb, a bold, rough crepitation was as distinctly felt as in free recent fracture. The head of the femur, or the acetabulum, or both, were gone, and the limb had been drawn up by the muscles in its natural axis.

She is at present, (four weeks after destruction of the joint,) able to sit up, and even walks a little by support of one crutch. Her appearance betrays no mark of impaired health, and there is no longer pain or soreness in any part of the limb. In her case, too, the only inconvenience is shortening, and disability of movement; the injured limb is two inches short, and can be advanced or retracted by its own muscles only a very limited space. The aspect, or presentation of the limb is natural; in standing, sitting, or lying, there is neither inversion nor eversion of the foot. It may be noticed here that at one period, soon after the articulating surfaces were destroyed, the limb was found to have lost its proper attitude, and to lay upon the other in a state of complete inversion. It was easily restored to its natural aspect, and by restricting the patient to a position on her back for some time, it did not again decline from its proper axis.

This is a melancholy case, and suggests a lesson of modesty of useful import; namely, to distrust our sagacity in forming a judgment of obscure affections. To myself at least, two such cases occurring nearly together, in neither of which the terrible tendency of the disease was fully apprehended, until revealed by its consummation, plainly admonish the necessity of close, careful, and circumstantial investigation in such cases, as well as the propriety of proceeding on the principle of guarding against the worst that might happen, even though the danger of that result is not plainly apparent. I cannot charge myself with neglect or slight of duty in this case; the countenance, general health of the patient, and the external state of the parts deceived me, and were calculated to deceive.* But the thigh

* It is a state of things in fact, not easy of detection, and even if discovered, perhaps still less susceptible of safe conduct. There is little reason to conclude

and hip were frequently and carefully examined. Not a trace of inflammation, swelling, or soreness to the touch existed in the soft parts, either at first or subsequently. The poor woman herself was right: she constantly declared that the disease was in the bone, and this is not the first time a patient's sensations have been more faithful than the tact of the profession.

All I learned further than has been already told, was that the pain commenced with a "sudden dart," in the front of the thigh, two inches below the trochanter, while the woman was standing in market. On the first days of pain, a few vesications formed on the surface of the thigh, about the seat of the pain, but these soon subsided and left the part free from any after appearance of disease. The patient complained for the first time on the 16th of May, (the day after the joint broke up,) of pain at the top of the knee, which continued severe for many days.

The total absence of constitutional concern in a work of local destruction of so serious a character, is an unusual phenomenon, fitted to mask the nature of the disease, and divert from calculation on an issue of which there existed so few and equivocal admonitions. When this woman was admitted into the institution, pain of the right thigh not constant, nor very acute, with loss of motive power in the limb, constituted the only marks of disease, nay, the only evidence of decline from the most perfect state of health. After entering the infirmary the case did not at any time present even an ephemeral feverish tumult; the skin was always cool, and pulse temperate. The pain, or rather uneasiness of the part, though seldom wholly absent, was never distressing in the day, and was readily averted or mitigated by an anodyne at night. The ultimate destruction of the joint, though attended by extreme distress of feeling, produced scarcely a sensible febrile movement, and the faint disturbance of circulation which attended the process in question ceased very soon, and left the patient with a pulse calm and quiet, as in health.

The condition of the limb itself is not less remarkable than the constitutional circumstances just adverted to. It has not been, and is not even now, (7th of June,) at all wasted or altered in form. Its state as to size, temperature, and all circumstances, shortening alone excepted, is perfectly natural, and there is no longer pain of the part during a state of strict repose. This woman now gets out of bed, (to make necessary evacuations,) and accomplishes the task by

that after admission into the infirmary, the final consequence could have been averted by any mode of management.

lifting the thigh and leg off the bed with both her hands. She says that when she is up resting on the sound limb, the affected leg and thigh turn uniformly of a very dark, or in her language, black colour.

A gentleman reading medicine with me, communicated last winter a specimen of morbid anatomy he had met with, analogous to the preceding case. The bottom of the socket had wasted by ulceration sufficiently to permit the ball of the femur and neck of the bone to pass up into the pelvis, the great trochanter jutting against the brim of the acetabulum. The head of the femur was considerably reduced in size, and a species of ligamentous connexion bound the neck and trochanter to the sides and edge of the socket.

Baltimore, July, 1828.

ART. IV. *Case of Axillary Aneurism removed by the application of a Ligature to the Subclavian Artery.* By Dr. EDWARD W. WELLS, Physician and Surgeon in Maracaybo. Communicated by FELIX PASCALIS, M. D. of New York.

I AM emboldened to offer the following case to the public from a conviction that the detail of every successful surgical operation of magnitude is interesting, as throwing additional light on practical points of importance, and strengthening facts which have been made the foundation of useful rules. The successful termination of the present case may tend to corroborate four maxims advanced by distinguished surgeons, and which were borne in mind during the operation.

1st. That in cases of axillary aneurism the operation ought not to be deferred till the tumour acquire such a size as to elevate the clavicle considerably.

2d. That the best ligature is that which is the smallest, compatible with a degree of strength necessary for constricting the artery firmly.

3d. That it is of the utmost importance to maintain the limb in as absolute a state of rest as is enjoined in cases of fractured bone.

4th. That the age of sixty years is not a reason for declining the performance of the operation, provided there be nothing otherwise unfavourable in the constitution, circumstances, or situation of the patient.

It is useful in the early stages of the disease, to apply moderate pressure in such a manner as to operate only upon the tumour, without compressing the adjacent and surrounding parts, which in the